



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333 Office: 242 State Street, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

## 2007 STATEMENT OF SOURCES OF INCOME M.R.S.A. §§ 1016-A - 1019)

☐ Please check if this is an update to a previously filed statement for the calendar year 2007.

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

	LEGISLA	TOR INFORMA	TION	·	
Name Richard M.	CER	ira		Member of:	□ Senate
Name Richard M. CEBRA  Mailing address  15 Steam boat Landing  City, zip code  NAPLES ME 04055				District /C	
City, zip code  NAPLES ME 04055				Phone 69	3-4951
PART 1. INCOME	EDERIVED	FROM EMPLO	YMENT BY ANO	THER	
List the name and address of each employer principal type of economic activity of each employer.	er from wh oployer.	nom you receive	ed compensation	of \$1,000 or mo	ore." Specify the
Name of Employer		Address		Principal Tyr Activity	pe of Economic of Employer
State of MAINE Legislature	2 S	Take House UGUSTA	Station	State of Legisla	
	The second secon				600Ma
	The Administration of				the Control of the Co
	Legislators ness, if ar	s who are self-er	major areas of ed	conomic activity	from which you ty, list the major
Name and Address of Business Entity			Economic Activity self)	Ac (partnership, as	s of Economic ctivity sociation or similar ess entity)
Name: The Steambourb Landing Corp Address: 15 Steambourb Landing, NAPLES, ME		MINIGOLF ICECZEAN Managen	parlor	MINI GOL Ice Crear	mm - 1,1 1,1 1,1 1,1 1,1 1,1 1,1 1,1 1,1 1
Name:				4	

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLO (For Legislators who are self-employed.)	YMENT	
B. List each source of income derived from self-employment that represents more than 10% of your is greater, and specify the principal type of economic activity of the entity or person from whom you disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the the entity or person from whom the income was derived.	derived such income. If this form of principal type of economic activity of	
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income	
Name:		
Address:		
Name:		
Address:		
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)		
List your major areas of practice. If associated with a law firm, list the major areas of practice of you		
Name and Address of Firm Major Areas of Pra (self)	ictice Major Areas of Practice	
Name:		
Address:		
Name:	and the second s	
Address:		
PART 4. OTHER SOURCES OF INCOME		
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not includ	e gifts. If none, check the box.	
□ None		
Name and Address of Source	Kind of Income (investments, leases, etc.)	
Name: VERIZUN  Address: 73 Cemetery Rd Wantary NT  Name: The Steanbout Landing Corp	Leased Property Rent	
Address: 73 Cemetery Rd Wantage NA		
Name The Steambout Landing Corp	Rent	
Address: 15 Steam Sout Care un NAPLES, ME		
PART 5. REPORTABLE LIABILITIES  List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list loans from a relative. If none, check the box	reporting period, and list the major	
None		
Name and Address of Greditor	Principal Type of Economic Activity of Creditor	
Name:		
Address:		
Name:		
Address:		
PART 6. REPORTABLE GIFTS		
List the specific source of each gift of more than \$300. Include gifts with an aggregate value of more none, check the box	e than \$300 from a single source. If	
None	en e	
Name of Source of Gift  Name of 3.	Source of Gift	
2	men never versen sommer het hij et strev ver voor sommer som om voorwels in het kool. H	

	4 <u>- 1</u> 2 - 18 - 18 - 18 - 18 - 18 - 18 - 18 -			The secretary of the se		
PART 7. REPORTAL  List the source of any honoraria accepted for appearances or speec				<u>- 20 (1990) (1981) (19</u>		
☑ None			- Our On	icial dules. If fore, creck the tox.		
Name of Source of Honoraria		andrewsking of Roman Popular	v et i e N	ame of Source of Honoraria		
1.	3.	ikuli <del>yiin yardi</del> nilgga qoʻr	one <del>ved</del> ate in en Simila	olika yakan kutan ini kato di disa. Limba di dipangan kutan di pangan kutan manaka pangai 190 dalih 2 a -		
2.	4.	444	Section of the sectio	and the second s		
PART 8. REPRESENTATION	BEFOR	RE ST	ATE A	GENCIES		
List each executive branch agency before which you represented or assisted others for compensation of any amount. If none, check the box.						
⊠ None		······································				
Name of Agency		- 1, 24 °		Name of Agency		
1.	3.					
2.	4.	-				
PART 9. BUSINESS W	ITH STA	ATE Å	GENC	JES Z. (S. Z. )		
List each executive branch agency to which you or a member of your immediate family sold goods or services with a value in excess of \$1,000 during the reporting period. If none, check the box.						
None	24894P-00-do-			1		
Name of Agency				Name of Agency		
1.	3.			1		
2.	4.		-			
PART 10. INCOME RECEIVED BY	/EMBEI	RS OF	IMM	EDIATE FAMILY		
List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or dependent child (ren) during the reporting period and the kind of income represented. Do not include gifts. Circle "S" for income received by spouse or "D" for income received by dependents.						
Type of Economic Activity Representing Source of Income Receiv	/ed	Circ approj lett	oriale	Kind of Income		
1. Social Service Agency	remarked at third to	(S)	D	2 mployment		
2.	F.	S	D			
3.	THE TOTAL PROPERTY OF THE PARTY	S	D			
4.	WY The Miles State And Commence	S	D	N. Spin Salitari of the salitari and the		
SIGNATURE						
A Legislator who willfully fails to file a required statement is subject to a fine of \$10 per business day until the report is filed. (1 M.R.S.A. § 1017-A)						
The intentional filing of a false statement is a Class E crime. If twillfully filed a false statement, it shall refer its findings of fact to the	the Com e Attorne	missic ey Ger	n con- neral.	cludes that it appears that a Legislator has		

If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question.

(1 M.R.S.A. § 1019)

Signature

NAME:	DATE:
ADDRESS:	
	ADDITIONAL INFORMATION
Please provide any additional information you are providing.	information below (and on additional sheets if needed). Indicate the part or section number for the
Part/Section Number	
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